

CONSENT TO RELEASE INFORMATION

The information released under this form shall be provided to county Department of Social Services or law enforcement agency personnel to investigate known or suspected financial exploitation of my accounts pursuant to Colorado Revised Statute 26-3.1-206. The information obtained may also be furnished to the Denver District Attorney. The information obtained under this consent may only be used by those agencies in accordance with their official capacities and functions.

With this understanding, I, _____
(Account Holder Name)

_____, currently living at _____
Social Security # _____

Address

I hereby consent to the release of all information and records concerning my account(s) at the identified financial institution to Law Enforcement and/or Social Services Investigators. This consent shall remain in effect until I revoke it by submitting a written revocation to the financial institution.

Name of Financial Institution and Address (if available)

Account Holder Signature _____

Print Name _____

Date of Birth _____

Today's Date _____

Section 26-3.1-206, C.R.S. - Informed consent form

Upon request, a financial institution shall offer any adult over the age of sixty or any at-risk adult with an account at such institution the option of signing an informed consent form prior to any report of financial exploitation, for placement in the account holder's file or record maintained by the financial institution. The informed consent form shall waive confidentiality limitations related to an account holder's financial records maintained at the financial institution for the limited purpose of allowing the financial institution, the county department, and a local law enforcement agency access to the account holder's records for the limited purpose of investigating known or suspected financial exploitation of an at-risk adult.